# Oceania Care Company Limited - Chiswick Park Rest Home & Hospital

## Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Central Region's Technical Advisory Services Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health’s website by clicking [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Oceania Care Company Limited

**Premises audited:** Chiswick Park Rest Home

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 29 March 2017 End date: 30 March 2017

**Proposed changes to current services (if any):** As per the HealthCERT letter dated 1 July 2015, one office has been converted back to a rest home room. The capacity for rest home beds increased from 23 to 24 and total bed capacity increased from 50 to 51, although it was noted that the approval letter indicates 54 to 55. There is insufficient bed spaces to have more than 51 beds.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 44

# Executive summary of the audit

## Introduction

This section contains a summary of the auditors’ findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

* consumer rights
* organisational management
* continuum of service delivery (the provision of services)
* safe and appropriate environment
* restraint minimisation and safe practice
* infection prevention and control.

As well as auditors’ written summary, indicators are included that highlight the provider’s attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

**Key to the indicators**

| **Indicator** | **Description** | **Definition** |
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|  | Includes commendable elements above the required levels of performance | All standards applicable to this service fully attained with some standards exceeded |
|  | No short falls | Standards applicable to this service fully attained |
|  | Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity | Some standards applicable to this service partially attained and of low risk |
|  | A number of shortfalls that require specific action to address | Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk |
|  | Major shortfalls, significant action is needed to achieve the required levels of performance | Some standards applicable to this service unattained and of moderate or high risk |

## General overview of the audit

Chiswick Park Rest Home & Hospital (Oceania Care Company Limited) can provide care for up to 51 residents. This surveillance audit was conducted against the relevant Health and Disability Services Standards and the service contract with the district health board.

The audit process included the review of policies, procedures and both residents and staff files, observations and interviews with residents, family, management and staff.

The business and care manager is responsible for the overall management of this and one other facility. The business and care manager is supported by the clinical manager and the regional and executive management teams. Service delivery is monitored.

The area identified as requiring improvement at the last certification audit relating to the promotion of continuity of care in service delivery has been met.

There were no areas requiring improvement identified at this audit.

## Consumer rights

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| Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs. |  | Standards applicable to this service fully attained. |

Information regarding the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code), the complaints process and the Nationwide Health and Disability Advocacy Service are available and accessible to residents and their families on admission.

A complaints register is maintained and up to date. The complaints reviewed were investigated, with documentation completed and stored in the complaints folder.

## Organisational management

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| Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner. |  | Standards applicable to this service fully attained. |

Oceania Care Company Limited is the governing body and is responsible for the services provided at this facility. A business plan and quality and risk management systems document the scope, direction, goals, values and mission statement of the facility.

There is a quality and risk management system that supports the provision of clinical care and support. Policies are reviewed and monthly reports to the board allow for the monitoring of service delivery. Benchmarking reports include clinical indicators, incidents/accidents, infections and complaints, with an internal audit programme implemented. Corrective action plans are documented and there is evidence of resolution of issues when these are identified. There is an electronic database to record risk with risks and controls documented.

The facility has an incident and accident management system that records and reports all adverse, unplanned or untoward events, including appropriate statutory and regulatory reporting. Staff communicate with residents and family members with documentation confirming this for incidents documented.

Recruitment and employment practices are in line with legislative requirements and all required staff have current registrations.

Staffing levels are adequate across the service with current and implemented human resource policies. Registered nurses are on duty 24 hours a day and are supported by adequate levels of care and allied health staff. On-call arrangements are in place for support from senior staff. Staff competency is assessed and a training plan is implemented.

## Continuum of service delivery

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| Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation. |  | Standards applicable to this service fully attained. |

Services are provided by suitably qualified and skilled staff to meet the needs of the residents. The interRAI assessment process is in progress. All residents have had an interRAI assessment performed. Timeframes for the development and review of the person centred care plans are met. Short-term care plans are developed when there are changes in the residents’ needs which are not addressed in the person centred care plan.

The general practitioners review the residents medically within the required timeframes and more frequently as needed. Pressure injury management responsibilities are documented in policy and implemented. The clinical manager is fully informed in relation to reporting requirements for any pressure injuries.

The activities programme meets the social and recreational needs of the residents. Activities are planned and are meaningful to residents. Residents are encouraged to maintain links with the community and their family/whānau.

A safe medication system was observed during the audit. The staff responsible for medication management have completed comprehensive competencies to perform this role.

The residents’ nutritional requirements are met by the service with preferences and special diets being catered for. The menu plan has been approved by a dietitian.

## Safe and appropriate environment

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| Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities. |  | Standards applicable to this service fully attained. |

There is a current building warrant of fitness. There is one office that has been converted back to a rest home bed. This room and all other bedrooms are fit for purpose.

## Restraint minimisation and safe practice

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| Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation. |  | Standards applicable to this service fully attained. |

Policies and procedures are available to guide staff. Documentation reviewed identifies that enablers are voluntary and the least restrictive option to allow residents to maintain independence, comfort and safety. At the time of the audit there were four enablers in use and one restraint.

## Infection prevention and control

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| Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme. |  | Standards applicable to this service fully attained. |

The infection prevention and control management system is appropriate for the nature of this service. The risk of infection is reduced for residents, staff, families/whānau and visitors.

The registered nurse who is the infection prevention and control nurse, collates the monthly surveillance data and this is sent to Oceania Care Company Limited support office to analyse and to report back any trends and/or if any identified action is to be implemented. The infection surveillance results are reported to staff at the staff and quality meetings. Expertise is always available and can be sought as required.

## Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

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| **Attainment Rating** | **Continuous Improvement**  **(CI)** | **Fully Attained**  **(FA)** | **Partially Attained Negligible Risk**  **(PA Negligible)** | **Partially Attained Low Risk**  **(PA Low)** | **Partially Attained Moderate Risk**  **(PA Moderate)** | **Partially Attained High Risk**  **(PA High)** | **Partially Attained Critical Risk**  **(PA Critical)** |
| **Standards** | 0 | 16 | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 0 | 41 | 0 | 0 | 0 | 0 | 0 |

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| **Attainment Rating** | **Unattained Negligible Risk**  **(UA Negligible)** | **Unattained Low Risk**  **(UA Low)** | **Unattained Moderate Risk**  **(UA Moderate)** | **Unattained High Risk**  **(UA High)** | **Unattained Critical Risk**  **(UA Critical)** |
| **Standards** | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 0 | 0 | 0 | 0 | 0 |

# Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

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| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.1.13: Complaints Management  The right of the consumer to make a complaint is understood, respected, and upheld. | FA | The organisation’s complaints policy and procedures are in line with the Health and Disability Commissioner’s Code of Health and Disability Services Consumers' Rights (the Code). The complaints process records a summary of the complaints, the investigation, outcome and other processes of complaints management. All complaints reviewed demonstrate resolution and documentation to support closure.  Systems are in place to ensure residents and their family are advised on entry to the facility of the complaint process and the Code. The complaint process is readily accessible and complaints forms are displayed for easy access. Residents and family interviewed confirmed having an understanding and awareness of these processes. Twice yearly resident presentations by the advocacy service reaffirm resident awareness of the complaints process.  Resident meetings are held bi-monthly and residents and their families are able to raise any issues they have during these meetings, as confirmed during interviews. Projects have been completed as a result of identifying shortfalls through review of complaints, adverse events monitoring and suggestions from residents. |
| Standard 1.1.9: Communication  Service providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | Information is provided to residents and their families as part of the information admission pack. The resident admission agreement, signed by residents or their representative on entry to the service, details information about the services that are included in service provision. Bi-monthly resident meetings provide information and an opportunity for resident input.  Open disclosure policy and procedures are in place to ensure staff maintain open, transparent communication with residents and families. The residents' files reviewed provided evidence that communication with family members is documented in residents' records. There is evidence of communication with the general practitioner (GP) and family following adverse events.  Interpreter services are available through the district health board (DHB), if required, and there are posters on the wall advising of this. Information about the services is available in large print if required. Residents in the rest home and hospital as well as family members of residents, confirmed that they are aware of the staff responsible for their care and that staff communicate well with them. |
| Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | The Oceania Care Company Limited’s vision, values, mission statement and philosophy are displayed at the entrance to the facility and in information booklets. This is reinforced in annual staff training.  The facility is able to provide support for a maximum of 46 residents with 24 beds identified as rest home only and 22 hospital beds. On the day of the audit there was an occupancy of 43. This was made up of 23 residents requiring rest home level of care and 20 requiring hospital level of care. (The 20 hospital level care residents included 2 young people under 65 years of age).  The organisation records their scope, direction and goals in their business, strategic and quality plans. The facility’s business and care manager (BCM) provides monthly reports to the company’s support office. Business status reports include: quality and risk management issues; occupancy; human resource issues; quality improvements; internal audit outcomes; and clinical indicators.  The BCM is supported by a clinical manager (CM) and the regional clinical quality manager. The CMs position is full time. The CM and the BCM have shared responsibility for all clinical matters. The BCM is a registered nurse (RN) with a current annual practising certificate, has worked in aged care for 18 years and has been in this role for 7 years. The CM’s appointment in January 2017 was confirmed with HealthCERT (sighted). |
| Standard 1.2.3: Quality And Risk Management Systems  The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. | FA | The facility uses the Oceania Care Company Limited’s (Oceania) documented quality and risk management framework to guide practice.  The facility implements organisational policies and procedures to support service delivery. All policies are subject to review and are current. All polices are reviewed by the national support office, with input from BCMs. Policies are linked to the Health and Disability Sector Standards, current and applicable legislation, and evidenced based best practice guidelines. Policies are available to staff in hard copy. New and revised policies are presented to staff at staff meetings.  A quality improvement plan with quality objectives was reviewed and these are used to guide the quality programme.  There is a hazard register that identifies health and safety risks, as well as: risks associated with human resource management; legislative compliance; contractual risks; and clinical risk. A health and safety manual is available that includes relevant policies and procedures. Service delivery is monitored through: complaints; incidents and accidents; and implementation of an internal audit programme, with corrective action plans documented and evidence of resolution of issues completed. There is documentation that includes: the collection; collation; and identification of trends and analysis of data.  InterRAI assessments are completed and up to date for all residents. There are four registered nurses, including the CM, who have completed the interRAI assessment training.  There are monthly staff, quality, clinical and health and safety meetings. Meeting minutes evidence communication with staff regarding all aspects of quality improvement and risk management. All meetings have an agenda and minutes are maintained with the identification of people responsible for outcomes and timeframes. Clinical indicators and quality improvement data are recorded and staff are informed at staff meetings.  Family/resident and staff satisfaction surveys are completed as part of their audit programme. Collated results are compared with previous surveys and actions arising from findings implemented. |
| Standard 1.2.4: Adverse Event Reporting  All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner. | FA | The BCM and CM confirmed an understanding and awareness of the circumstances and events that require the facility to report to and notify statutory authorities, including police attending the facility, unexpected deaths, critical incidents and infectious disease outbreaks. Times when authorities have had to be notified are documented and retained on the relevant file.  Staff records reviewed demonstrate that staff receive education at orientation on the incident and accident reporting process. Staff interviews confirmed an understanding of the adverse event reporting process and their obligation to documenting all untoward events. The service is committed to providing an environment in which all staff are able and encouraged to recognise and report errors or mistakes.  There is evidence of open disclosure for each recorded event. Information gathered is regularly shared at monthly meetings with incidents graphed, trends analysed and benchmarking of data occurring with other Oceania facilities.  There have been not external complaints since the last audit. |
| Standard 1.2.7: Human Resource Management  Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation. | FA | Human resource policies and processes are in place and implemented. All registered nurses (RN) hold current annual practising certificates and visiting practitioners’ practising certificates reviewed are current and include: the general practitioners; pharmacists; dietitian; podiatrist; and physiotherapist. Staff files include employment documentation such as: job descriptions; contracts; and appointment documentation on file. Police and drug checks are completed and an annual appraisal process is in place with all applicable staff having a current performance appraisal.  All staff have completed a comprehensive orientation programme. Staff are able to articulate the buddy system that is in place and that the competency sign off process is completed.  Mandatory training is identified on a company-wide training schedule. A training and competency file is held for all staff, with folders of attendance records and training with electronic documentation of all training maintained. The service has a varied approach to ensuring that staff receive annual training that includes attendance at training sessions and annual individualised training around core topics such as: medication; restraint; infection control; health and safety; manual handling and continence. The training register and training attendance sheets demonstrate staff completion of annual medication and other competencies such as: hoist; oxygen use; hand washing; wound management; moving and handling; restraint; nebuliser; blood sugar; and insulin. |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | The staffing policy is the foundation for workforce planning. Staffing levels are reviewed for anticipated workloads, identified numbers and appropriate skill mix, or as required due to changes in the services provided and the number of residents. Rosters sighted reflected staffing levels that meet resident acuity and bed occupancy. Rosters were checked to ensure that residents requiring either hospital or rest home level of care were well supported according to individual need. Evidence reviewed and observations confirmed that residents requiring hospital level of care were well supported with a RN on duty at all times. Residents requiring rest home level of care were encouraged to be as independent as possible.  Residents and families confirm that staffing is adequate to meet the residents’ needs including the additional bed. |
| Standard 1.3.12: Medicine Management  Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | The medication protocols, procedures and guidelines have been reviewed and updated. The service has an electronic medication system. There are seven registered nurses responsible for medication and all have been fully trained to manage the electronic process effectively. There are seven senior healthcare assistants who are also trained to administer medications for the rest home residents. Annual medication competencies in line with staff appraisals are maintained and records were sighted. The lunchtime medication round was observed, with two registered nurses administering the medications in a safe manner. The clinical manager completes weekly audits on the system, to ensure all medications are given that are prescribed and reasons are documented if not administered.  The medication records randomly selected electronically had been reviewed by the GP responsible and any allergies/sensitivities are entered to alert staff. A system is in place for returning unused or outdated medication to the contracted pharmacy. These are recorded and monitored. The pharmacist performs a medication reconciliation on all residents on admission to this service and a copy of the reconciliation process is retained in each resident record reviewed.  The medication rooms are in close proximity to the nurses’ office and medication trollies are available. When not in use the medication trollies are locked in the medication room. Controlled drugs are managed correctly and meet legislative requirements. Two registered nurses check the balances in the controlled drug register weekly and six monthly stock takes are completed.  There are currently no residents who self-administer medications. A self-medication policy is available. The GP has to consent to the resident being able to self-administer their medications.  The medication fridges are monitored on a daily basis and the temperatures recorded meet requirements. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid Management  A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery. | FA | Policies and guidelines are available. The menu plans have been reviewed by a registered dietitian and a letter is available to verify this has occurred. The cook and kitchen hands have all completed food handling training. The food safety management education is appropriate for service delivery.  There are separate cleaning schedules for the kitchen. External contractors do the high cleaning in the kitchen three monthly. Temperature monitoring requirements are met. The cook orders all food and checks deliveries, storage and manages the waste management appropriately. All food is correctly labelled. The kitchen is clean and functional and is in the centre of the facility.  A nutritional assessment is performed by the registered nurse with the resident/family/whānau as part of the admission process. A copy is provided to the cook. Any resident preferences, special diets, likes/dislikes are documented. Special days, such as birthdays, are celebrated and are catered for by the kitchen staff.  At lunchtime staff were observed in the dining room helping residents requiring assistance. The families and residents interviewed reported satisfaction with the meals provided. The main dining room provided a homely atmosphere. Fluid rounds, morning and afternoon tea are provided and fresh baking is available. |
| Standard 1.3.6: Service Delivery/Interventions  Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | FA | Support and care is individualised and focused on achieving desired outcomes/goals set. The registered nurses and the healthcare assistants interviewed demonstrated appropriate skills and knowledge of the individual needs of all residents. The records reviewed showed evidence of consultation and involvement with resident and family as able. The residents interviewed reported satisfaction with the care and services provided. Families interviewed spoke highly of the care provided and the interaction of staff with individual residents and the homeliness of the environment.  Short-term care plans are developed and implemented as necessary for any event that is not part of the long-term care plan, such as unexplained weight loss or wound care management. The registered nurses ensure the residents’ GPs are kept well informed of progress.  There are adequate stocks of wound and continence products to meet the needs of the residents. The person centred care plans reviewed demonstrated interventions that are consistent with the resident’s needs being able to be met. Observations on the day of the audit indicated residents are receiving care that is consistent with meeting their assessed needs. The clinical manager interviewed reported that all care plan interventions are accurate and up to date. A schedule for reviews was sighted. |
| Standard 1.3.7: Planned Activities  Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service. | FA | The activities programme ensures residents’ individual motivational, recreational and cultural needs are recognised. Each resident is assessed by activities coordinator. The residents have the opportunity to maintain interests, choices and activities in a continuing care environment. The activities coordinator reported how the activities programme is developed and implemented for the rest home and hospital services.  The activities programme is planned monthly and displayed on a weekly basis. Residents and families are provided with a weekly programme. The attendance records sighted are well maintained. Each resident has their own activities plan which is reviewed six monthly or more often if required. The activities coordinator is aware resident participation is purely voluntary and this is respected.  Residents are encouraged to maintain links with family and the community. Van outings have recommenced after recent work has been completed on the facility van. Activities in progress throughout the audit evidenced residents participating in the activities and enjoying the many pets around the facility. Group and one-on-one activities are provided to meet the needs of the individual residents.  Residents and a family member reported that they enjoy the variety of planned activities arranged. Residents meetings are held bi-monthly and minutes of these meetings are able to be reviewed. |
| Standard 1.3.8: Evaluation  Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | Evaluation of person centred care plans occurs six monthly or earlier as applicable. Evaluations are focused and indicate the degree of achievement, or response, to support/interventions and progress towards meeting the set goals. If a resident’s needs change or if the resident is not responding appropriately to the interventions being delivered, this is discussed with the GP, the resident and the family. Short-term care plans are initiated as needed.  The healthcare assistants interviewed demonstrated good knowledge of short-term care plans and reported that these are identified. Information is shared in the handover between shifts, as observed during the on-site audit. Progress is also discussed at the six monthly multi-disciplinary reviews.  Families/representatives reported that they are consulted when staff have any concerns or when there are changes to the resident’s condition. This is documented on the family communication records as evidenced in the records reviewed. |
| Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | FA | A current building warrant of fitness is current and posted in a visible location at the entrance to the facility,  There have been no building modifications since the last audit.  The office converted back to a rest home room is appropriate and suitable for rest home care. |
| Standard 3.5: Surveillance  Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. | FA | The infection prevention and control surveillance that is undertaken is appropriate to the size of this aged care setting, as demonstrated in the infection control programme. All staff are involved. An infection reporting form is completed as soon as signs and/or symptoms have been identified and given to the registered nurses. Monitoring is described in the infection control plan to ensure residents’ safety.  The infection prevention and control nurse is a registered nurse who has been in this role for two years. The registered nurse completes the monthly surveillance reports. Monitoring occurs of any infections reported. This information is sent to the Oceania support office where evaluation, collation and analysis of the information occurs. The infection results are compared with previous reports and reasons for any increase or decrease and/or any trends are identified. The results are reported back to staff at the staff and quality meetings. The results are benchmarked against other aged care services in the organisation. |
| Standard 2.1.1: Restraint minimisation  Services demonstrate that the use of restraint is actively minimised. | FA | Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers. The restraint coordinator provides support and oversight for enabler and restraint management in the facility. The restraint coordinator is the clinical manager. The clinical manager demonstrated a sound understanding of the organisation’s policies, procedures and practice. The job description for the restraint coordinator was reviewed.  On the day of the audit four residents were using enablers. The enablers used are the least restrictive option and are used voluntarily at their request. One resident was using a restraint. A similar process is followed for restraint use, minimisation and safe practice. This provides for a robust process which ensures the ongoing safety and wellbeing of the resident.  Restraint is used as a last resort when all alternatives have been explored. This was evident on review of the restraint approval group meeting minutes and records reviewed of those residents who have approved restraints and from staff interviewed. |

# Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

|  |
| --- |
| No data to display |

# Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

If, instead of a table, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

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End of the report.